

## INTRODUCTORY REMARKS

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### Introductory Remarks. I

WILLIAM T. FRIEDEWALD, MD

*National Heart, Lung, and Blood Institute, National Institutes of Health*

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I speak on behalf of the National Heart, Lung, and Blood Institute (NHLBI) when I say we are delighted to be a cosponsor for this important and timely Bethesda Conference. As we have learned more about the problems of cardiovascular disease in the elderly, the issues have become more critical and now reflect an area of special research interest for the NHLBI. The National Center for Health Statistics (NCHS) estimated that in 1984 there were approximately 26 million people in the United States aged  $\geq 65$  years and living independently, that is, outside nursing homes or other similar facilities. Eight percent of this elderly population were black. Most were women; 59% in the age group 65 to 74 years and up to 71% in the age group  $\geq 85$  years were women. In addition, the size of our elderly population is growing dramatically, with an estimated increase of 20% during the next decade alone.

Currently, more than half of the patients in hospitals each year who are diagnosed as having an acute myocardial infarction are  $\geq 65$  years of age. This fraction can be expected to increase significantly during the 1990s. Even though overall coronary heart disease mortality rates in the United States declined dramatically during the 1970s, the rates for those aged  $> 65$  years have not shown the high rates of decline observed for younger members of our society.

NHLBI-sponsored and cosponsored programs such as the Systolic Hypertension in the Elderly Program, the Beta-blocker Heart Attack Trial, the Framingham Heart Study and the Coronary Artery Surgery Study all relate to the important topic of this conference. More directly relevant, however, is a working conference held last September by the NHLBI on the topic of Recognition and Management of Coronary Heart Disease in the Elderly (1). That conference came to several important conclusions and recommendations. Briefly, it was felt that, although the U.S. population aged  $\geq 65$  years encompasses the majority of patients with coronary heart disease, scientific information regarding the recognition of and current treatment approaches to the elderly coronary patient is inadequate or lacking. It was also considered inappropriate to uncritically extrapolate information obtained from younger persons to an elderly population, who as a group are remarkably heterogeneous with regard to their health and life-style char-

acteristics. The elderly are likely to be at increased risk for complications associated with various diagnostic and therapeutic procedures and often, appropriately, have quite different expectations concerning the outcomes of their illness. It was also felt that more basic health information, including data on prevention, diagnosis and treatment of coronary heart disease, was needed about this rapidly increasing segment of our society.

*Additional issues raised at that NHLBI conference were:* whether the traditional risk factors for coronary heart disease determined in younger populations have similar predictive power in the elderly; whether nutritional and exercise guidelines should differ from those for younger people; whether the benefit conveyed by drugs used to treat coronary heart disease are of similar value in the aged as in the young; whether the quality of life is not more important than the additional length of life in the elderly; and whether one can or should justify upper age limits for such therapeutic procedures as coronary bypass surgery or percutaneous transluminal coronary angioplasty, or for various preventive approaches appropriate with younger populations. As a consequence of this working conference, as well as related activities, the NHLBI sees a continuing need to initiate and support research in coronary heart disease in the elderly. We now look forward with excitement and interest to the deliberations and recommendations of this broader scope Bethesda Conference.

### Reference

1. Wenger NK, Furberg CD, Pitt E (eds.). Coronary heart disease in the elderly. New York: Elsevier, 1986.
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### Introductory Remarks. II

LOT B. PAGE, MD

*National Institute on Aging, National Institutes of Health*

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I am happy to greet you on behalf of the National Institute on Aging and its Director, Dr. T. Franklin Williams. It is very appropriate and timely that "Cardiovascular Disease in the Elderly" is the subject of this year's Bethesda Conference. The United States, and indeed the entire industrialized world, is experiencing a demographic explosion in the upper decades of age. The rapid current increase in numbers of older persons in society is unprecedented in history and